OCT 0 5 2005



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Tel. 617.444.6100 • Fax 617.444.6483
http://www.vpharm.com

FAX TRANSMISSION

| То | United States Patent and Trademark Office |
|---------------------|---|
| Examiner | |
| Group Art Unit | 1624 |
| From | Karen E. Brown |
| Date | October 5, 2005 |
| Application No. | 10/700,938 |
| Attorney Docket No. | VPI/02-123 US |
| Total Pages | 35 |

Message or Comment

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Ø 002/035

OCT 0 5 2005

Attorney Docket No.: VPI/02-123 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/700,936 Confirmation No.: 5983

P***

Filing Date: November 4, 2003

Examiner:

Kahsay Habre

Group Art Unit:

1624

Applicants:

Randy S. Bethiel et al.

For:

COMPOSITIONS USEFUL AS INHIBITORS OF JAK AND OTHER

PROTEIN KINASES

Certificate of Facsimile Transmission Under 37 CFR 1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent and Trademark Office on October 5, 2005.

Signature

Signature

Karen E. Brown

Typed or Printed Name

October 5, 2005 Cambridge, Massachusetts

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Reply to Office Action; [] a Petition for Extension of Time; [] a substitute Specification; [] a Declaration; [] a Supplemental Declaration; [] a Power of Attorney; [] an Associate Power of Attorney; [] formal drawings; [] Notice of Appeal; [] Appeal Brief; [] ______; to be filed in the above-identified patent application.

| Applicants; | Bethiel et al. | |
|------------------|----------------|--|
| Application No.: | 10/700,936 | |

FEE FOR ADDITIONAL CLAIMS

- [X] A fee for additional claims is not required.
- () A fee for additional claims is required.

The additional fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | | ADDITIONAL FEES | | |
|---------|---|----|---|----|------------------|------|-------|--------------------|------|--|
| TOT | AL CLAIMS | 34 | - | 49 | * = | х | \$ 50 | = | \$ 0 | |
| CLAI | EPENDENT MS | 1 | - | 3 | **= | x | \$200 | = | \$ 0 | |
| | I PRESENTA TIPLE DEPEN | | | м | | + | \$360 | = | \$ | |
| * ** | II 1638 d(an XI), (ILSEIT ZU. | | | · | TOTAL | | | <u>\$_0</u> | | |

- [] A check in the amount of \$__ in payment of the filing fee is transmitted herewith.
- [] Please charge \$____ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

| Applicants: | Bethiel et al. |
|------------------|----------------|
| Application No.: | 10/700,936 |

EXTENSION FEE

- The following extension is applicable to the Response filed herewith; [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
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MISCELLANEOUS FERS

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| | (37 | C.F.R. §). |

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Respectfully submitted.

Karen E. Brown, Reg. No. 43,866

Attorney/Agent for Applicants

Vertex Pharmaceuticals Incorporated 130 Waverly Street

Cambridge, Massachusetts 02139 Tel: (617) 444-6168

Fax: (617) 444-6483

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Karen F. Brown
Typed or Printed Name

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|---|---|---|----------------|----|------------------|------|-------|--------------------|--------|---|
| ТОТА | L CLAIMS | 34 | - | 49 | * = | X | \$ 50 | | \$ | 0 |
| INDEI | PENDENT MS | 1 | - . | 3 | # 生 二 | x | \$200 | = | \$ | 0 |
| FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM + \$360 = \$ | | | | | | | | | | |
| * | * If less than 20, insert 20. ** If less than 3, insert 3. | | | | TOTAL | | | <u>\$</u> | _0 | |

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MISCELLANEOUS FEES

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Karen E. Brown, Reg. No. 43,866 Attorney/Agent for Applicants

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AMENDMENT AND REPLY TO RESTRICTION REQUIREMENT

Sir:

This is in response to the July 5, 2004 Office Action in the above-identified application. A response is due October 5, 2005. Consequently, this reply is timely submitted.

Amendments to the claims begin on page 2 of this Reply. Remarks begin at page 26 of this Reply.